

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF UNITED STATES OF AMERICA	COURT CASE NUMBER 1:CV-00-1105
DEFENDANT TAMMY R. SMITH	TYPE OF PROCESS INSTRUCTIONS TO DEBTOR/NOTICE

SERVE ➔ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN TAMMY R. SMITH
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 519 2ND STREET, TOWANDA, PA 18848

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:	Number of process to be served with this Form - 285	1
CARROLL A. TERRUSO, PS U.S. ATTORNEY P.O. BOX 309 SCRANTON, PA 18501	Number of parties to be served in this case	2
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):
FoldSSN: 235-96-1227
DOB: 10/13/62

Signature of Attorney or other Originator requesting service on behalf of: <i>Carroll A. Terruso</i> CARROLL A. TERRUSO, PS	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 570-348-2800	DATE 10/24/02
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. 67	District to Serve No. 67	Signature of Authorized USMS Deputy or Clerk <i>A. Lavelle</i>	Date 10/24/02
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) <i>Tammy Smith</i>	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above) <i>Hurley Road Store 357 York Ave Towanda, PA 18848</i>	Date of Service 10-30-02
	Time 1200 (pm)
	Signature of U.S. Marshal or Deputy <i>Joey P. [Signature]</i>

Service Fee 180.00	Total Mileage Charges (including endeavors) 58.40	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or FILED SCRANTON	Amount of Refund
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REMARKS:

1 DUSM - (10AM-2PM) 160 miles

OCT 31 2002

U.S. Department of Justice
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on the reverse of this form.

PLAINTIFF UNITED STATES OF AMERICA	COURT CASE NUMBER 1:CV-00-1105
DEFENDANT TAMMY R. SMITH	TYPE OF PROCESS WRIT OF CONTINUING GRNISHMENT

SERVE ➔ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Mr. Robert A. Hurley
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 387 York Avenue, Towanda, PA 18848

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	1
<div style="border: 1px solid black; padding: 5px;"> CARROLL A. TERRUSO, PS U.S. ATTORNEY P.O. BOX 309 SCRANTON, PA 18501 </div>	Number of parties to be served in this case		2
	Check for service on U.S.A.		

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):
FoldSignature of Attorney or other Originator requesting service on behalf of:
CARROLL A. TERRUSO, PS☒ PLAINTIFF
☐ DEFENDANTTELEPHONE NUMBER
570-348-2800DATE
10/24/02**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. 67	District to Serve No. 67	Signature of Authorized USMS Deputy or Clerk J. Lavelle	DATE 10/24/02
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Cindy Vischansky - Book keeper

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.Date of Service
10-30-02
Time
1200 amSignature of U.S. Marshal or Deputy
J. Lavelle

Service Fee 180.00	Total Mileage Charges (including endeavors) 58.40	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

1 Day - (10AM - 2PM) 160 miles